

# Exhibit 7

**MUST BE  
POSTMARKED NO  
LATER THAN  
APRIL 17, 2017**

United States District Court  
Southern District of New York

**\*ABDCA54131\***  
**FOR INTERNAL USE  
ONLY**

*Mahoney v. Endo Health Solutions, Inc., et al.*  
Case No. 15-cv-9841 (DLC)

**CONSUMER PROOF OF CLAIM FORM**

**INSTRUCTIONS FOR SUBMITTING YOUR PROOF OF CLAIM**

You should complete and submit this Proof of Claim form either on paper or electronically on the Settlement Website to ensure that the Claims Administrator is aware of your purchases, and you may need to provide certain requested documentation to substantiate your Claim.

Your Claim will be considered only if you meet the following conditions:

1. You must accurately complete all required portions of the Proof of Claim form.
2. You must sign the Proof of Claim form, which includes the Certification. If you submit the form electronically, your electronic signature and submission of the form will have the same force and effect as if you signed the form on paper.
3. By signing and submitting the Proof of Claim form, you are affirming that you paid for Multi-Vitamin with Fluoride Chewable Tablets made by the Defendants (the "Chewable Tablets") between October 31, 2007, and December 31, 2015.
4. If you are an Authorized Agent, attach a separate sheet stating the name and contact information of the Class Member, as well as the capacity in which you are submitting the Claim and proof of your authority to do so.
5. You have two options for completing a Proof of Claim form:
  - i. You can mail the completed and signed Proof of Claim form and Certification by U.S. Postal Service First-Class Mail, postage prepaid, postmarked no later than April 17, 2017, to:

Fluoride Tablets Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 173017  
Milwaukee, WI 53217

or
  - ii. You can complete and submit the Proof of Claim form and Certification using the Claims Administrator's Settlement Website, [www.fluoridetabletssettlement.com](http://www.fluoridetabletssettlement.com). Upon completion of the online Proof of Claim form, you will receive an acknowledgment that your Claim has been submitted. If you choose this option and file a Claim electronically, your electronic signature and submission of the form will conform to the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, *et seq.*, and will have the same force and effect as if you signed the Proof of Claim form in hard copy.
6. Your failure to complete and submit the Proof of Claim form postmarked or filed online by April 17, 2017, may prevent you from receiving any payment from this Settlement. Submission of this Proof of Claim form does not ensure that you will share in the payments related to the Settlement. If the Claims Administrator disputes a material fact concerning your Claim, you will have the right to present information in a dispute resolution process. For more information on this process, visit [www.fluoridetabletssettlement.com](http://www.fluoridetabletssettlement.com).
7. If you are claiming more than \$250 in purchases of Chewable Tablets, you must provide data and information sufficient to show the total out-of-pocket expenditures you made to purchase Chewable Tablets. For claims less than \$250, no proof of purchase is required.

**Section A: Claimant Identification**

The Claims Administrator will use this information for all communications regarding this Proof of Claim form. If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Claimant's Name

Agent/Legal Representative

Street Address

City

State

ZIP Code




Daytime Telephone Number

Email Address


**Section B: Amount Claimed**

Please type or print, in the box below, the total amount of the Class Member's out-of-pocket expenditures for purchases of Chewable Tablets between October 31, 2007, and December 31, 2015.

For claims of more than \$250, please attach claim documentation supporting your Claim with this form (see Section C, below).

Chewable Tablets	TOTAL AMOUNT PAID
Out-of-pocket expenditures from October 31, 2007, through December 31, 2015	\$

**Section C: Documentation Requirements**

For claims of more than \$250, any one of the following is acceptable as Claim documentation for Chewable Tablets purchased between October 31, 2007, and December 31, 2015:

- 1) Itemized receipts, canceled checks, or credit card statements that show a payment for Chewable Tablets; or
- 2) An EOB (explanation of benefits) from your insurer that shows you paid for Chewable Tablets; or
- 3) Records from your pharmacy showing that you paid for Chewable Tablets.

Please note the Claims Administrator may ask for additional proof of payment.

**Section D: Certification**

I have read and am familiar with the contents of the Instructions accompanying this Proof of Claim form. I certify that the information I have set forth in the above Proof of Claim and in any documents attached by me are true, correct, and complete to the best of my knowledge. I certify that I paid the total amount set forth above in out-of-pocket expenditures for purchases of Chewable Tablets between October 31, 2007, and December 31, 2015. I further certify that I did not opt out of the certified

Class in this Action, nor did I purchase such Chewable Tablets for purposes of resale. In addition, I have not served as an officer, director, agent, or employee of any of the Defendants, or a corporate parent, subsidiary, affiliate, or other related entity thereof; or a judge or justice assigned to hear any aspect of this lawsuit.

I hereby submit to the jurisdiction of the United States District Court, Southern District of New York, for all purposes connected with this Proof of Claim, including resolution of disputes relating to this Proof of Claim. I agree to supplement this Proof of Claim by furnishing documentary backup for the information provided herein, upon request of the Claims Administrator.

**I certify that the above information supplied by the undersigned is true and correct to the best of my knowledge and that this Proof of Claim form was executed this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.**

Signature

Print or Type Name

Mail the completed Proof of Claim form postmarked on or before April 17, 2017, along with proof of payment, if required, to the following address:

Fluoride Tablets Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 173017  
Milwaukee, WI 53217

Toll-Free Telephone: 1-800-983-6133

Website: [www.fluoridetabletssettlement.com](http://www.fluoridetabletssettlement.com)

#### **REMINDER CHECKLIST**

1. Please complete and sign the above Proof of Claim form. Attach or upload any documentation supporting your Claim.
2. Keep a copy of your Proof of Claim form and supporting documentation for your records.
3. If you would also like acknowledgment of receipt of your Proof of Claim form, please complete the form online or mail this form via Certified Mail, Return Receipt Requested.
4. If you move and/or your name changes, please send your new address and/or your new name or contact information to the Claims Administrator via the Settlement Website or U.S. Mail (the addresses are listed in the Notice).